

ALLERGIES – LIFE THREATENING

STATEMENT OF PURPOSE:

All schools should have trained personnel able to respond to a student/staff member having a severe allergic reaction. Written allergy emergency health care protocols should be readily available.

AUTHORIZATION/LEGAL REFERENCE:

- 12 V.S.A. Chapter 23 § 519 - Emergency Medical Care
- 26 V.S.A. Chapter 28 – Nurse Practice Act
- Vermont School Quality Standards, Section 2120.8.1.3.3

DEFINITION:

Severe Allergic Reaction - A reaction ranging in response from a diffuse rash, to swelling of oral pharynx, to bronchial spasm, to shock, collapse and cardiac/respiratory arrest.

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

1. Gather and verify allergy information with parents and physician.
2. Develop Individual Health Plan/Protocol for children with known allergies.
3. Obtain needed medication from the parent.
4. Train staff and document staff training for response to allergic emergency situations.

SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:

1. Educate school community about allergic reactions and treatment.
2. Collaborate with administration to develop preventative measures (i.e., peanut-safe areas, screens on windows, etc).
3. For unknown allergies develop a protocol to be used only by the nurse with the school physician's authorization and have both the physician's and nurse's signatures on the document. Obtain a written medical order for the EpiPen and/or EpiPen Jr. annually and stock an up-to-date syringe of the medication.

RESOURCES:

- Food Allergy Network - (703) 691-3179, <http://www.foodallergy.org>
 - "School Food Allergy Program" 1995. Video and reference book that assists in disseminate information about life threatening food allergies can be loaned through the Vermont Health Education Resource Centers
http://www.state.vt.us/educ/new/html/pgm_coordhealth/herc/herc.html
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SAMPLE POLICIES, PROCEDURES, AND FORMS:

- Emergency Health Care Plan
- EpiPen Directions
- Treatment Procedures for Known Hypersensitivity
- Treatment Procedures for Unknown Hypersensitivity

EMERGENCY HEALTH CARE PLAN

ALLERGY TO: _____

Student's
Name: _____ D.O.B. _____ Teacher: _____Asthmatic: Yes* ☐ No ☐ *High risk for severe reaction

♦ SIGNS OF AN ALLERGIC REACTION ♦

- | <u>Systems:</u> | <u>Symptoms</u> |
|------------------|--|
| • MOUTH | itching & swelling of the lips, tongue, or mouth |
| • THROAT* | itching and/or a sense of tightness in the throat, hoarseness, and hacking cough |
| • SKIN | hives, itchy rash, and/or swelling about the face or extremities |
| • GUT | nausea, abdominal cramps, vomiting, and/or diarrhea |
| • LUNG* | shortness of breath, repetitive coughing, and/or wheezing |
| • HEART* | "thready" pulse, "passing out" |

The severity of symptoms can quickly change. *All above symptoms can potentially progress to a life-threatening situation.

♦ ACTION FOR MINOR REACTION ♦

If only symptom(s) are: _____, give _____ Medication/dose/route

Then call:

1. Mother _____, Father _____, or emergency contacts
2. Dr. _____ at _____

If condition does not improve within 10 minutes, follow steps 1-3 below.

♦ ACTION FOR MAJOR REACTION ♦

If ingestion is suspected and/or symptom(s) are: _____ give
_____ **IMMEDIATELY!**

Then call:

1. Rescue Squad (ask for advanced life support)
2. Mother _____, Father _____ or emergency contacts.
3. Dr. _____ at _____

DO NOT HESITATE TO CALL RESCUE SQUAD!

Parent's Signature Date Doctor's Signature Date

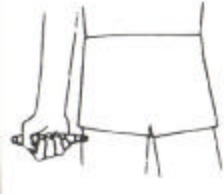
EMERGENCY CONTACTS	TRAINED STAFF MEMBERS
1. _____ Relation: _____ Phone: _____	_____ Room _____
2. _____ Relation: _____ Phone: _____	_____ Room _____
3. _____ Relation: _____ Phone: _____	_____ Room _____

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray safety cap



2. Place black tip on outer thigh (always apply to thigh)



3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injection area for 10 seconds.

TREATMENT PROCEDURE FOR KNOWN HYPERSENSITIVITY:

If an exposure occurs or is strongly suspected to have occurred ***begin treatment immediately.*** Do not wait for symptoms to develop.

- Monitor and maintain ABCs (airway, breathing, circulation) as needed.
 - Administer oral diphenhydramine (dosage as prescribed by student's medical home).
 - Administer epinephrine (dosage as prescribed by student's medical home).
 - Nurse will administer epinephrine. Epinephrine 1:10,000u
 - Administer **EpiPen** for students **over 40 lbs** E= .3mg/cc .3cc
 - **EpiPen Jr.** for students **under 40 lbs** E= .15/cc .3cc
 - Administer oral steroid (dosage as prescribed by student's medical home).
 - Diligently observe student.
 - Activate EMS and transport to ER for further treatment.
 - Notify medical home and parents.
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TREATMENT PROCEDURE FOR UNKNOWN HYPERSENSITIVITY:**Protocol for: Unknown Allergy and Anaphylactic Reaction to Bee Sting or Other Irritants**

The following protocol authorized by Dr. _____ is for the administration of epinephrine by the school nurse/associate school nurse to a student who is having an anaphylactic reaction and has no order for epinephrine from their physician. Assessment of the presences of an anaphylactic reaction and determination of the need for epinephrine will be done by the school nurse/associate school nurse who will be following the protocol described below.

1. Remove stinger - scrape gently with finger nail - then apply ice
2. Observe for allergic reaction for a least one half an hour:
 - Complaining of "not feeling right"
 - Mild to severe itching - especially eyes, ears and throat
 - Coughing and sneezing
 - Facial edema (swelling) - (not at sting site) around eyes, lip, cheeks and neck
 - Generalized hives or erythema
 - Severe fright
 - Headache
 - Abdominal cramps or diarrhea
 - Nausea & vomiting
 - Hypotension due to vascular collapse or peripheral edema
 - Rapid pulse
 - **SIGNS OF AIRWAY CLOSURE:** Difficulty breathing; Shortness of breath; Feeling of fullness in throat; Change in voice quality; Wheezing; Stridor

If above symptoms appear: proceed to step three immediately - symptoms beginning within 15 minutes of exposure to irritant result in more severe reactions

3. Call emergency squad and parent - extra person should do this - remain calm with child to reassure.
4. Draw up and administer Epinephrine - *Epinephrine Dosage - children over 40lbs.
 - Give .3ml SC 1:1000 dilution
 - Injection Site - lateral middle one third of the thigh - if clothing and need for speed makes this site impractical use lateral middle one third of upper arm. Massage area after injection.
 - Epinephrine is excreted in urine in 20 min. therefore repeat injection every 15-20 min. as needed
5. If parent is unavailable, have a school employee with written description of the incident and copy of health record accompany student to emergency room with emergency squad.

Approved by: _____, M.D.

_____, R.N.